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(100th Congress)

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CONTENTS

	Page
1987 Update on drugs and dropouts	1
The problem	1
The Anti-Drug Abuse Act of 1986	2
Recommendations	2
Executive summary	5
Findings	5
Recommendations	7
Introduction	9
Part I: Hearings	12
Part II: Social Science Literature	27
Part III: State and Local Programming	35
Part IV: The Federal Role	38
Part V: Recommendations	42

1987 Update on Drugs and Dropouts

Two years ago the Select Committee on Narcotics Abuse and Control prepared its report on drugs and dropouts. Since that time drug use among both students and dropouts has remained high. While disputes over the precise dropout rate continue, the dropout rate remains higher today than it was twenty years ago. Under the Anti-Drug Abuse Act of 1986, funds were provided for programs to reduce and prevent drug use among high risk youth. These initiatives were an important first step.

THE PROBLEM

The 1986 annual survey of drug use among high school seniors, sponsored by the National Institute on Drug Abuse (NIDA) and conducted by the University of Michigan, indicates that nearly three-fifths of all seniors report illicit drug use at some time in their life. Nearly four out of ten seniors report using an illicit drug other than marijuana at some time.

Perhaps most alarming are the findings concerning cocaine use. In 1986, lifetime use of cocaine among high school seniors remained at an all time high of 17 percent. The popularity of cocaine may, in part, be attributable to crack—a freebase form of cocaine that can be smoked. The high school survey indicates that the proportion of seniors who reported smoking cocaine (as well as having used it in the past year) more than doubled between 1983 and 1986 (from 2.5 percent to 6.0 percent).

The survey findings suggest that there has been a growing awareness of the dangers of regular cocaine use (69 percent in 1980 to 82 percent in 1986). Yet, at the same time, the proportion of students reporting active daily cocaine use doubled (.2 percent in 1984 to .4 percent in 1986). Moreover, there has been little change in the perceived risk of experimenting with cocaine (32 percent in 1980 to 34 percent in 1986). Such indications that many of our young people still do not understand the threat of even trying cocaine underscore the continued need for drug abuse education.

Among the class of 1986, reported lifetime use of other drugs was as follows:

—marijuana—51 percent,
—stimulants—23 percent (adjusted for underreporting),
—inhalants—20 percent (adjusted for underreporting of amyl and butyl nitrites),
—hallucinogens—12 percent (adjusted for underreporting of PCP),
—tranquilizers—11 percent, and
—sedatives—10 percent.

Whatever fluctuations there have been in adolescent drug use, the fact remains that U.S. high school students and other young

adults continue to exhibit a level of involvement with illicit drugs which is greater than that found in any industrialized nation. Research indicates that the rate of drug use for all classes of drugs among high school dropouts is substantially higher than in-school students.

THE ANTI-DRUG ABUSE ACT OF 1986

At the close of the 99th Congress, Anti-Drug Abuse Act of 1986 was enacted. This omnibus anti-narcotics legislation included funding for programs for high risk youth. These programs reflected a growing awareness of the special needs of those youth most vulnerable to drug use.

Title IV, Subtitle A, "Treatment and Rehabilitation" provided funds for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug and alcohol abuse among high risk youth. Included among those defined as being at high risk of drug and alcohol abuse were children at risk of dropping out of school.

Under this program, the Office for Substance Abuse Prevention awarded 131 demonstration grants totaling $24 million. 50 percent of the funded grants were directed toward urban and inner city youth and 22 percent focused primarily on young people in rural communities. Of the 131 grants, 22 percent target Black youth, 11 percent Hispanic, 7 percent Black and Hispanic, 16 percent Native American, 7 percent Asian/Pacific Islander, and 42 percent White and mixed ethnic youths.

Under Title IV, Subtitle B, the "Drug-Free Schools and Communities Act of 1986," a three year drug education program was authorized. For fiscal year 1987, $200 million was appropriated for these programs. Approximately 80 percent of these funds were to be allocated to the States. In each State, 30 percent of the funds were allotted to the Governor and not less than 50 percent of these funds to be used for innovative community-based programs of coordinated services for high risk youth. First on the list of those defined as "high risk youth" was the school dropout.

RECOMMENDATIONS

The grants programs directed toward high risk youth, that were authorized under the Anti-Drug Abuse Act were significant. They, however, reflect only some of the recommendations made in the original Select Committee report. To confront this problem effectively, the recommendations enumerated in the original Select Committee report on drug abuse and dropouts should be implemented.

During the 100th Congress the Select Committee has held oversight hearings on the implementation of the Anti-Drug Abuse Act. Two hearings were held to review drug abuse prevention education activities being under taken by the Department of Education. During those hearings, testimony by departmental witnesses indicated a resistance to several of the recommendations made in the Select Committee's report on drugs and dropouts and reflected in the Anti-Drug Abuse Act.

Specifically, the Committee recommended that the Department of Education investigate existing drug abuse education efforts at the State and local level and promote successful models. The Committee has also supported departmental involvement in the development of model curricula.

The Department's response to the recommendations was the publication of *What Works: Schools without Drugs.* One pamphlet is not sufficient. Moreover, the publication does not address the problem of the dropout or potential dropout, the students most vulnerable to drug use.

The Committee's report on drugs and dropouts also recommended that attention should be focused on the problem of drug use among pregnant teenagers. As the number of young women in their child-bearing years who use drugs increases, we are being confronted by a growing number of babies being born suffering the effects of drug use. In New York City, alone, over 2,000 babies were born to drug-using women in 1986.

Another drug-related problem that threatens our young people is AIDS. With approximately one-fourth of AIDS cases associated with intravenous drug abuse, we cannot risk not reaching those most vulnerable to drug use with effective drug and AIDS prevention efforts.

In short, drug use among dropouts remains a serious problem and the consequences of such behavior are even worse than they were when the Committee prepared its original report. Accordingly, the Committee will continue to monitor the problem of drug use among dropouts and oversee Federal efforts to address this problem.

EXECUTIVE SUMMARY

That adolescent drug use is a serious national problem is acknowledged by most Americans. What has received less attention is the fact that many of the youths most affected by this problem are also high school dropouts. At several hearings during the 99th Congress the Select Committee on Narcotics Abuse and Control examined the relationship between drugs and dropouts.

It was clear from the beginning of the Committee's investigation that a correlation exists between drug abuse and dropping out. What the nature of this relationship is, which is cause and which is effect, is less evident. In fact, there is no consensus among academicians or practitioners as to the nature of this relationship. Therefore, the Committee chose not to try to determine, definitively, the nature of the relationship between drugs and dropping out. Rather, they sought to establish the existence of the correlation and then to investigate the issues and problems that arise from the relationship.

In Chicago, in May 1985, and in Boston, in September, Members of the Select Committee invited public officials and community leaders to discuss drug abuse and trafficking in these communities. On September 27, 1985, in conjunction with the Congressional Black Caucus legislative weekend, the Select Committee held a hearing which specifically addressed the question of drugs and dropouts. Witnesses at this hearing were asked to discuss the nature of the relationship between drugs and dropping out, the national dimensions and severity of the problem, State and local initiatives being taken to respond to the problem, and recommendations for Federal action to support and facilitate State and local efforts.

FINDINGS

The Committee's hearings not only supported the initial assumption that there exists a serious drug abuse problem among dropouts, but revealed several significant findings relevant to this relationship. The findings include:

1. Our elementary and secondary schools are confronted with a serious drug problem. The in-school problem depicts only part of the picture, because absentees and dropouts are not included in most surveys.

2. The dropout problem is particularly serious among minority students.

3. Drugs and dropping out have each been associated with a variety of characteristics, behaviors, and attitudes, indicating a complex relationship between the two.

4. Although there is a definite correlation between drugs and dropping out, based on the information available it is not possible to conclude that there is a causal relationship between the two.

5. There is a reemergence of gangs, particularly in large urban communities. Their involvement in narcotics trafficking raises special concern.

6. Drug abuse by pregnant teenagers, who also usually drop out because of pregnancy, present a special concern.

7. Despite clear evidence of drug abuse among teenagers and the relationship between drugs and dropping out, some school officials and especially parents, deny there is a problem.

8. Prevention and education are the key to demand reduction.

9. Although cooperation between State and local officials and the private sector has developed in many communities, even greater cooperation is needed to respond effectively to the drug abuse and trafficking problem.

10. Federal cutbacks in funding have adversely affected State and local programming in the area of drug abuse prevention and education as well as law enforcement. Federal support for local initiatives is critical.

In addition to hearings, a review of the social science literature on drug abuse among dropouts was undertaken by staff. It was found that while numerous studies have been conducted on adolescent drug use and dropping out, respectively, few have examined the relationship between the two phenomena. The rarity of this research is understandable in light of the conceptual, statistical and practical problems confronted by the researcher trying to investigate these two problems. There is no standardized definition or method of measuring dropouts, dropouts are not a readily accessible population and the relationship between drug use and dropping out needs to be studied over time. Because of these difficulties, the existing research on drug use by dropouts tends to be based on small samples. Even these studies use different definitions of dropouts. Therefore, only limited generalizations can be made.

Despite these limitations, the studies do support many of the Committee's findings. Specifically, the literature affirms that: drugs and dropping out are clearly associated; not only are they associated with each other, but with a variety of other behaviors and characteristics, including low self-esteem and poor school performance; minorities are impacted more severely by these problems; drug use is greater among dropouts than other students; and those most in need of assistance may be those most difficult to reach.

The Committee's investigation also uncovered a variety of State and local program initiatives. In fact, witnesses clearly indicated that many communities do have the desire and know-how to implement drug abuse education and prevention programs. Although "denial" of the seriousness of drug abuse among adolescents exists in some communities, the primary barrier to effective programming at the State and local level is insufficient resources.

Some drug prevention and education programs, sponsored by Federal agencies, including the National Institute on Drug Abuse, the Drug Enforcement Administration, and the Department of Education were found. Characteristically, these programs were voluntary, emphasized the role of the private sector, were media ori-

ented, and stressed athletics. In short, the Federal agencies' roles were found to be that of facilitator and supporter. In light of the needs expressed by State and local officials, it is clear that the Federal Government has abrogated its leadership responsibility and is not doing its fair share in support of the area of drug education and prevention.

RECOMMENDATIONS

From the findings of the investigation of the Select Committee on Narcotics Abuse and Control several recommendations emerged. They are:

1. A grants program be created to increase the availability of drug education programs for youths out of school as well as in school. The programs might be sponsored not only by the schools, but community organizations such as the Boy Scouts, Girl Scouts, or Jaycees. Some of these monies should be directed to meet the needs of high risk populations including minority youth and pregnant teenagers.

2. Present efforts by the Department of Education to provide drug education training for school officials should be expanded. Rather than voluntary, the program should be viewed as an essential component of the Federal education role. School districts across the country should be made aware of the need for drug abuse training and the existence of the Department's regional training centers. Incentives should be developed to promote participation. In particular, the DOE should determine which States and school districts in the country do not provide drug abuse education and promote their participation. Additional monies to support these efforts should be provided in a supplemental appropriation for the DOE as well as in its fiscal 1987 budget.

3. The Department of Education, in conjunction with the National Institute on Drug Abuse, should investigate existing drug abuse education efforts at the State and local level. Successful models should be promoted.

4. Rather than simply functioning as a clearinghouse for existing materials, the DOE should engage in curriculum planning in the area of drug abuse education. Moreover, it should see to it that information available from the NIDA is developed into materials that can be read by children in all grades and at all levels of literacy.

5. An annual "Drug Education" week should be promoted by the Department of Education and NIDA. If held in the fall, it might "kick-off" the academic year and programs in school districts across the country that would take place throughout the academic year.

6. In the course of its studies on dropouts, the DOE should delve into the complex relationship between drugs and dropping out.

7. The NIDA in its research on drug abuse should also be urged to address the relationship between drugs and dropping out.

8. Joint efforts between NIDA and DOE are encouraged. NIDA in conjunction with DOE should continue to examine the issue of how best to provide different types of drug education to meet the needs of different types of students.

9. The Office of Juvenile Justice and Delinquency Prevention should consider the problem of gangs and gang violence in relation to drug abuse both in its research and programmatic endeavors.

10. The Department of Health and Human Services should focus attention on the problems of drug abuse by pregnant teenagers.

INTRODUCTION

A recent newspaper article described a young man who dropped out of school, could not find a job, began selling drugs, and then spent a year and half in reform school. This story illustrates a growing national problem—the relationship between dropping out of school and drug abuse. During the 99th Congress the Select Committee on Narcotics Abuse and Control (SCNAC) held hearings in Chicago, Boston, and Washington, D.C., which evidenced the severity and extensiveness of this problem. The findings and recommendations that emerged from these hearings are examined in this report.

THE PROBLEM

Adolescent drug abuse

Drug abuse and dropping out are each escalating to epidemic levels. That adolescent drug use is a serious national problem is evident to most Americans. Since 1975, a University of Michigan research team, sponsored by the National Institute on Drug Abuse (NIDA), has conducted an annual survey on illicit drug use among American high school seniors. In 1984 they found that:

—Nearly two-thirds of all high school seniors reported illicit drug use; 34% of these users reported only using marijuana.

—55% of seniors reported using marijuana in their lifetime and 40% in the last year.

—40% of seniors reported using drugs other than marijuana.

—Some used stimulants—28%, tranquilizers—12%, sedatives—13%, hallucinogens—13%, inhalants—19%, heroin—1.3%, cocaine—16%.

Moreover, nearly all (95%) high school seniors indicated they had tried alcohol.[1]

The 1984 figures indicated the continuation of a gradual progressive decline in teenage drug use. According to preliminary 1985 statistics, however, this trend may be leveling off. The University of Michigan researchers found that marijuana use levels for 1985 were almost identical to those in 1984; declines in tranquilizer and barbiturate use had slowed; and cocaine usage was up, breaking a five-year pattern of stability and reaching a record high number.

The Michigan team surveys 16,000 high school seniors in more than one hundred schools across the country. Concentrating on high school seniors does not, however, provide the basis for generalizations about all youth of high school senior age. Moreover, since dropouts and absentees are not included, assessing the evidence

[1] Lloyd D. Johnston, Patrick M. O'Malley, and Jerald G. Bachman, *Use of Licit and Illicit Drugs by America's High School Students*, Washington, D.C: National Institute on Drug Abuse, U.S. Department of Health and Human Services (1985), pp. 17–22.

based on those in school—those most likely to succeed—underestimates the incidence of drug abuse in the overall youth population. To assess the impact of drugs on the youth population, accurately, one must examine usage in the total school age population—dropouts, as well as those in school. Successful drug prevention and education policy-making and programming demand such an assessment.

Dropping out

No matter how the dropout rate is determined, its dimensions are alarming. The U.S. Department of Education uses three techniques to measure the dropout rate. First, they compare fifth grade enrollment figures for a class with the number from that class who receive a high school diploma eight years later. Accordingly, in 1983 they found that 76 percent of those who were fifth graders in 1975, received a high school diploma. Second, the Department compares the number of high school graduates to the population 17 years of age. Using this approach, the percentage of graduates per 100 persons 17 years of age was 73.5 Although this is a slightly lower figure than that obtained by comparing fifth graders to graduates, both approaches indicate that approximately one-fourth of American students do not graduate from high school on schedule.

The third approach used is to gather graduation statistics from each State. In 1983 the graduation rate ranged from 57.2 percent in Louisiana to 94.8 percent in North Dakota. Using the national figure of a 76 percent graduation rate (or a 24 percent dropout rate) as a base figure, 31 States fell below the overall national graduation rate.

However the statistics are determined, the national dropout rate is high. The dropout rate is even higher for minority students, alarmingly so, as witnesses at hearings before the Select Committee on Narcotics Abuse and Control testified. In New York, estimates for Blacks and Hispanics exceed 60 percent, while the official dropout rate is 42 percent. In Chicago, the estimated dropout rate for Whites is 35 percent, in contrast to 50 percent for Blacks and Hispanics.

Dropping out is not a new social phenomenon. During the twentieth century there has always been a proportion of America's students who dropped out. Less than forty-five years ago only 38 percent of young adults (25 to 29 years old) had attained at least a high school diploma.[2] Or, a majority of American youth left school before completing high school. Since the 1940's educational attainment has not only increased, but the pace of that attainment has also accelerated. By 1950, the median school years completed by those 25 to 29 years old was 12.0, as compared to 10.3 in 1940.[3] A majority of Americans were completing high school or more.

Thus, by the 1950's, rather than "dropping out" being accepted as the norm, it had become a social problem. Since then, numerous studies have been conducted by social scientists to try to explain the "dropout phenomenon." Moreover, the variety of prevention

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[2] Dave M. O'Neill and Peter Sepielli, *Education in the United States: 1940-1983.* Washington, D.C.: Bureau of the Census, U.S. Department of Commerce (July 1985), p. 3.

[3] Ibid., p. 45.

program models reflects the proliferation of theories. Dropping out has become a social problem, not only because educational achievement levels have increased, but, because the economic and social consequences of "dropping out" have increased dramatically.

A recent Census Bureau report indicates that in the last five years the earnings gap between those with college degrees and those without had widened substantially. In 1983, the median income of male college graduates aged 25 to 34 was $21,988, or 39 percent higher than the median of those who had only a high school degree, which was $15,789.[4] The study concludes that the increase in education added to the earnings and income of those who sought to advance their skills through education. So much the worse, then, are the prospects for the dropout.

Moreover, the range and number of jobs available to the dropout have been reduced. Technological changes in recent decades have eliminated many unskilled jobs. A study by the National Center for Education Statistics found that by the Spring of 1982, many of the sophomores of 1980, who left school and did not graduate, were unemployed or dissatisfied with their current jobs and looking for work. The majority who worked full or part-time were engaged in low skilled jobs.[5] Former Kentucky Governor Julian Carroll, testifying before the SCNAC, indicated that competition for jobs is greater. Most positions require at least basic reading, writing, and verbal skills. A high school diploma has become a credential needed to enter many jobs. Even where a specific job may not require basic skills, the high school diploma may be viewed as an indicator of stability and dependability, traits desired by most employers. Thus, failure to address the dropout problem increases the danger of creating an "underclass." The unemployment lines and low skilled jobs are not, however, the only place one finds dropouts.

Drug abuse and dropping out

Dropouts and absentees tend to use drugs more frequently and they appear more often in treatment centers than other high school students. Thus, it is easy to establish a correlation between drugs and dropping out. This fact was evident to the Select Committee when they began their investigation. What the nature of this relationship is, which is the cause and which is the effect, is less evident. Some researchers and practitioners assert that poor performance precedes drug use. Others argue that drug use contributes to school problems. A third perspective is that both drug abuse and dropping out are related to other core problems, such as low self-esteem. Still others are concerned about the impact of educational institutions on the attitudes of young people toward drugs. Finally, there are those authors who suggest that an interactive process exists between individual problems and institutional inadequacies.

In its investigation of the relationship between drug abuse and dropping out, the Select Committee has not tried to determine, de-

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[4] Ibid., p. 11.

[5] Samuel S. Peng, "High School Dropouts: Descriptive Information from High School and Beyond," *"Bulletin"* Washington, D.C.: National Center for Education Statistics, U.S. Department of Education (November 1983), p. 1.

finitively, the nature of the relationship between drugs and dropouts. Rather, it has sought to stress the extend of adolescent drug abuse and dropping out, to emphasize the significance of the correlation between the two, and then to investigate problems and concerns that arise from that relationship. The issues that emerged from the SCNAC's hearings on drugs and dropouts and from their review of the relevant social science literature included:

The national reporting of drug use among dropouts and absentees is inadequate. Definitions, record keeping, and measurement techniques are not standardized, making it difficult to compare statistics and findings.

—It is difficult to investigate the use and abuse of drugs by dropouts, because dropouts are not easily accessible.

—A multiplicity of symptoms are associated with both drugs and dropouts, making it difficult to determine what is cause and what is effect.

—School and public officials and parents often exhibit a "denial syndrome," that is, they deny drug abuse and/or dropping out are problems.

—In some schools there has been a reemergence of gangs. These gangs are involved in the use and distribution of drugs.

—Among teenage girls, pregnancy and its interrelationship with drug abuse and dropping out present special problems.

—Different groups of students need different programs.

—An effective response to the problem of drugs and dropping out requires cooperation within the State and local arena.

—Local programming has been negatively impacted by Federal cutbacks in funds. There is need for Federal cooperation.

—School officials and community leaders need to be provided with information about models that work and incentives to implement programs.

—The media has a role in informing and educating youth about drug abuse.

This report will examine these issues. A content analysis of the SCNAC hearings was prepared by Barbara Ann Stolz, Ph.D. of the Select Committee Staff. She then compared the findings with those found in the relevant academic literature. Part I summarizes the findings from SCNAC hearings. Part II reviews the relevant social science literature. Part III describes State/local programming—models and needs. Part IV assesses the current Federal role. Part V proposes recommendations for Federal action. These recommendations were prepared by the SCNAC staff and approved by the SCNAC.

I. Hearings

On several occasions during the 99th Congress, the Select Committee on Narcotics Abuse and Control heard testimony concerning the relationship between drugs and dropouts. In Chicago, in May 1985, and in Boston, in September, Members of the Select Committee invited public officials and community leaders to discuss drug abuse and trafficking in these communities. Within this context, school and community representatives in both cities expressed concern about significant dropout rates, particularly among minority

students, and the high incidence of drug abuse among that population. On September 27, in conjunction with the Congressional Black Caucus legislative weekend, the Select Committee held a hearing which addressed the question of drugs and dropouts, specifically. Witnesses at this hearing were asked to discuss the nature of the relationship between drugs and dropping out, the national dimensions and severity of the problem, State and local initiatives being taken to respond to the problem, and recommendations for Federal action to support and facilitate State and local efforts.

The following witnesses at the September 27 hearing provided the Select Committee with a national perspective on the drug and dropout problem:

Washington, D.C.: Jon Thomas, Assistant Secretary of State for International Narcotics Matters; John C. Lawn, Administrator, Drug Enforcement Administration; Lawrence Davenport, Assistant Secretary for Elementary and Secondary Education, Department of Education; Julian Carroll, former Governor of Kentucky; Victor Herbert, Superintendent in Charge of Dropout Prevention, New York City Board of Education; Pearl Mack, Member, Executive Committee, National Educational Association; Caroline R. Jones, Mingo-Jones Advertising, New York and Member, Executive Committee, the Advertising Council; Bob Dandridge, former Washington Bullet, on Behalf of the National Basketball Association and Jerome H. Jaffe, M.D., Acting Director, National Institute on Drug Abuse.

Witnesses who addressed this issue from a regional, State and local perspective in Boston and Chicago included:

Chicago: The Honorable Harold Washington, Mayor of Chicago; Patrick Healy, Executive Director, Chicago Crime Commission; Kenneth Wadas, Supervisor, Narcotics Unit, Assistant State's Attorney, Cook County; Fred Rice, Superintendent, Chicago Police Department; Robert Taylor, Director, Metropolitan Enforcement Group, Illinois Department of Law Enforcement; Melody Heaps, Executive Director, Treatment Alternatives to Street Crimes, Inc. (TASC). Dr. Daniel Hendershott, Central States Institute of Addiction; Peter J. Bokos, Executive Director, Interventions; Gerald J. Heing, Assistant Superintendent, Department of Curriculum, Chicago Public Schools. Frank De Boni, Chief of the Special Prosecutions Bureau, Cook County State's Attorney's Office; Edward Hegarty, Special Agent-in-Charge, Chicago Division, Federal Bureau of Investigation.

Boston-New England Region. The Honorable Michael Dukakis, Governor of Massachusetts; The Honorable Raymond Flynn, Mayor of Boston; Geraldine Sylvester, Director, Department of Health and Human Services. Office of Alcohol and Drug Prevention, State of New Hampshire; Thomas P. Salmon, Director, Division of Drug Rehabilitation, Department of Public Health, State of Massachusetts; Scott Harshbarger, District Attorney, Middlesex County, Massachusetts; June and Matthew Green, Co-directors,

Newton Youth Drug/Alcohol Program, Newton, Massachusetts; Alan Nevas, U.S. Attorney, District of Connecticut; Jack Pransky, Substance Abuse Specialist, Office of Alcohol and Narcotics Abuse, Vermont; William Weld, Attorney General, District of Massachusetts; William Hartigan, Vice President, Mediplex Group; William Pimental, Assistant Director, Division of Substance Abuse, Department of Mental Health, Retardation, and Hospitals, Rhode Island.

The Select Committee's hearings revealed several significant findings regarding the relationship between drugs and dropouts. They included:

1. Our elementary and secondary schools are confronted with a serious drug problem. The in-school problem depicts only part of the picture, because absentees and dropouts are not included in most surveys.

The Select Committee found evidence of extensive drug abuse among high school students. In Boston, New York, and Chicago, law enforcement, treatment, and school officials underscored the severity of the problem.

Massachusetts Governor Michael Dukakis, revealing the findings of a study by the Massachusetts Department of Public Health, reported that two out of three students in his State—high school students—has tried illegal drugs; one in the three were current users; and twenty-eight percent of those who had tried drugs has done so at age twelve or earlier. Middlesex County, District Attorney Scott Harshbarger, commenting on the report, indicated that what shocked people the most is that "15 percent of 8th graders in the sample has used cocaine at one time or another." As shocking as these statistics may be, the authors of the Massachusetts report note in their summary that these figures probably present a moderate picture of drug and alcohol use, because adolescents who had been expelled or dropped out of school were not included.[6]

June and Matthew Green codirect the Newton, Youth Drug/Alcohol Program. The program, which is located in Newton, MA, worked with school-referred as well as court-referred adolescents in trouble with drugs. It meets the needs of approximately forty adolescents each year.

The Greens indicated that in the past year, while consulting in more than 12 school systems in and around the Boston area, they had observed that the drug problems in these schools were very similar to those in Newton. They found that most kids are coming to school either hungover, stoned, or tripping; some are even coming to school drunk. Students are ingesting their drugs outside of the school building, but are playing out their trip either in the classrooms, the corridors, the washrooms, or the cafeteria.

The Greens told the Committee that usually, when kids are questioned about their drug use, they do not see it as a problem at all. For example, a 17-year-old boy, whom they interviewed, identified his use of illegal substances, which began at age ten, as moderate by the time he was 12. He was smoking approximately one ounce

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[6] *Summary of Report of Drug and Alcohol Use Among Massachusetts High School Students.* (Boston, MA) Division of Drug Rehabilitation, Massachusetts Department of Public Health (1984), p. 1.

of marijuana—that is equivalent to a sandwich bag, ¾ full. He was smoking that each day. He was drinking approximately 6 cans of beer each day and experimenting with LSD and other hallucinogenics once a week. The school and the community identified him as a delinquent because of his occasional criminal behavior and for that he was remanded to the State Department of Youth Services for a two-year period. He told the Greens that upon incarceration, "My drug use then began to get bad."

According to the Greens, this case simply exemplified the attitude of individuals as well as the community about a teenager's abuse of illegal substances. That is the outward behavior, which is his criminal activity, is punished and the root of the problem simply continues to grow.

In Chicago, there were similar reports. Assistant Superintendent Heing, Department of Curriculum, Chicago Public Schools asserted that verifiable data in this whole area of substance abuse are very difficult to gather. Yet, he felt that empirical evidence indicates that drug abuse by our elementary and high school age youth limits achievements; contributes to truancy and the dropout problem; and, sadly, often is a trail that ends months or years later with serious social, psychological, or physical disorder, and sometimes worse.

Dr. Daniel Hendershott, Central States Institute of Addiction told the Committee that the major problem is dual or multi-drug participation by adolescents and younger children. Drugs and alcohol used together is rampant.

Similarly, Victor Herbert, Superintendent in Charge of Dropout Prevention, New York City Board of Education, indicated that in New York one out of every four people in the State aged 14 and older had taken an illegal drug or used a legal drug without a prescription. Moreover, substance abuse is on the rise among very young children.

The Committee found that drugs are not just a problem in the public schools, or among lower income students, but in affluent communities and private schools as well. Affluence provides access and resources.

Alan H. Nevas, U.S. Attorney, District of Connecticut told the Committee about a recent case in Connecticut. Fifteen young people from the Choate-Rosemary Hall parish school in Wallingford, Connecticut were prosecuted. These prosecutions resulted from the arrests, about a year and a half ago, of two students at this preparatory school on their return from a weekend in Caracas, Venezuela. They had stopped at Customs at Kennedy Airport and were found with a quantity of cocaine. They were bringing the cocaine back for distribution to fellow students at the school.

Mr. Nevas went on to tell the Committee that cocaine usage is not a problem solely of the inner city. The problem is widespread throughout the United States in the preparatory schools, like Choate; in public schools; and in rural areas. The availability of cocaine is extensive.

In short, the Select Committee hearings support the assumption that although drug abuse among students may be higher in urban and public schools, it is also a problem in rural, suburban, and private schools. That is, adolescent drug abuse is a national problem.

Moreover, even in communities where officials acknowledge that drug abuse among dropouts is higher than among students who remain in school, studies of the drug abuse problem in these areas may still underestimate the extent of the problem among dropouts by failing to include this population.

2. The dropout problem is particularly serious among minority students.

Witnesses emphasized the seriousness of the dropout problem among minority students. The Honorable Harold Washington, Mayor of Chicago, reported a dropout rate of 50 percent for Blacks and Hispanics and 35 percent for Whites. That is 50 percent of Blacks and Hispanics and 35 percent of Whites who enter the high school system in the city of Chicago drop out without receiving their diploma. The Mayor continued: "Those are raw, hard, shocking statistics. It is saying something to us; saying to me that the system has failed, and the supportive systems have also failed, of course, the family, the church, and other."

Assistant Superintendent Herbert indicated that the current dropout rate in New York City is 42 percent. He went on to state that New York is approaching the point where every other student entering high school leaves without a diploma.

Julian Carroll, former Governor of Kentucky, admitted that his State had a tremendous dropout problem. As Governor, he said he had fought both drug abuse and dropping out as general problems, but had not recognized the connection between the two.

3. Drugs and dropping out have each been associated with a variety of characteristics, behaviors, and attitudes, indicating a complex relationship between the two.

In and of themselves, drug abuse and dropping out are serious problems. Each, however, has also been found to be associated with other individual and social problems. Moreover, the problems associated with dropping out are usually the same as those associated with drug abuse.

According to Dr. Jerome Jaffe, the Acting Director of the National Institute on Drug Abuse, the predominant finding of NIDA sponsored studies on drugs and dropouts is: delinquent behavior and drug abuse are often correlated, and both, along with family problems and dissatisfaction with school, are involved in dropping out, especially among males.

Victor Herbert told the Committee that: Drug counselors in New York City school-based programs are trained to look for symptoms in youngsters that lead them to drugs or alcohol. Some of these symptoms relate to school, such as truancy and poor academic achievement. Others have to do with peer relationships, such as membership in street gangs, isolation, and pregnancy. Still others relate to the family. The troubled youngster who turns to drugs will probably also leave school. Studies of why students drop out of school come up with an amalgam of reasons: low achievement, personal crises, financial needs, family problems, and health-related issues. In addition, most of these students have a poor self-image and express a sense of "not fitting in" at school.

Mr. Herbert went on to suggest that to keep students in school, we must look for these signs of trouble and intervene to help students deal with them. This should be done as early as possible in

order to prevent later, more serious problems like using drugs. At the same time, the youngster who is already at the point of crisis must also be helped.

Bob Dandridge, former Washington Bullet, focused on the individual's inability to develop coping skills or to adjust to current lifestyles and situations, as the core problems, rather than drug use. "If you don't have good coping skills or don't have the ability to make decisions for yourself, then you surely are susceptible to some of the evils of the world, to substance abuse, and whatever."

At the Boston hearing, Jack Pransky from the Vermont Office of Alcohol and Drug Abuse argued a similar position. He asserted that the best chance of working to prevent drug abuse first takes recognition that it all comes down to individual decisions. No matter what the law says, no matter what parents, teachers or law enforcement officials say, if someone is going to use or abuse drugs of any kind, they make that decision for themselves.

Mr. Pransky went on to describe the steps involved in the decision-making process and what individuals need at each point in that process. First, people need accurate information on which to base their decisions. Second, they need to learn the skill to make responsible decisions. Third, they need a strong self-concept and healthy self-perceptions so they can be more resistant to the seemingly benefits of drug abuse. Fourth, ways must be found to turn negative peer pressure into positive peer influence. Fifth, the more the community gets involved in developing creative ways of helping to solve the problems, the more sustained in reinforcing these efforts we will be. Sixth, support and referral systems for people in trouble, or at high risk for developing these problems, must be in place so they will not get deeper into trouble.

Mr. Pransky indicated that the drug abuse problem must be attacked on all these fronts simultaneously to affect individual decisions people make. Using only one approach will not work. He suggested that: "Research clearly shows, for example, that if people just receive information about drugs to improve their awareness, their drug use will either remain the same or will actually increase. If this information is coupled with skills to make responsible decisions, including self-discipline, responsibility, communication and judgment, drug abuse begins to decline. If added to that are ways of building a healthy self-concept, then drug use (and other behavior problems as well) will significantly decline."

Governor Carroll shared statistics from Kentucky which indicated an association between dropping out, drug abuse and a variety of social problems. He asserted that 99 percent of male welfare recipients in Kentucky and 90 percent of female recipients are former high school dropouts. "So, what we are effectively doing in our high schools is breeding welfare recipients, by our failure to graduate them and make them productive citizens." Moreover, 70 percent of the Kentucky prison population were high school dropouts. "So again, we are putting our high school dropouts in prison, after they end up getting in trouble." The former Governor also told the Committee that drug and alcohol abuse contribute substantially to the cost of health insurance and medicaid cost, as well as raising tremendously the number of job-related accidents.

Thus, according to the witnesses, problems found to be associated with drug abuse and dropping out include; delinquency; family problems; school problems, specifically, dissatisfaction with school, truancy, poor academic achievement and just "not fitting-in"; personal crises; health problems including pregnancy; financial needs; inadequate coping skills, poor self-image; and inadequate decision-making skills. This finding supports the conclusion that a complex relationship exists between drug abuse and dropping out.

4. Although there is a definite correlation between drugs and dropping out, based on the information available it is not possible to conclude that there is a causal relationship between the two.

Because both drugs and dropping out are associated not only with each other but with other factors, witnesses agreed that it was not possible to determine a direct causal linkage between drug abuse and dropping out. Drawing on NIDA's research, Dr. Jerome Jaffe indicated that only one study had concluded that a direct causal relationship existed between drugs and dropping out. This study was conducted by Dr. Alfred Friedman. Dr. Friedman examined this relationship, using complicated multivariate analyses, and found that drug abuse did contribute to dropping out even when he tried to control for other variables. Dr. Friedman did not, however, address the question of how much of the impact is accounted for when you look at the impact of the more major factors. This is something researchers are still looking at. Dr. Jaffe went on to say: "Clearly, multiple factors are involved in dropping out. Drug abuse can be one, but in many instances it is not the major one."

The correlation between drug abuse and dropping out was evident to the practitioners and political officials who testified before the Select Committee. Mayor Washington suggested: "You can trace almost on a one-to-one basis the number of young boys and girls who will become involved in dope addiction when they drop out. . . . These kids are going to—you can bet your life that a certain degree of them will be involved in drug trafficking and use before very long, if they're not already involved in it before they drop out of school."

Victor Herbert asserted that among the four or five reasons given repeatedly for why young people drop out of school is substance abuse. "It is so obvious that the connection is there between drug abuse and young people dropping out."

Two particularly disturbing effects of this correlation were reported by witnesses. They were the reemergence of gangs and their involvement in narcotics trafficking and the use of drugs by pregnant teenagers.

5. There is a reemergence of gangs, particularly in large urban communities. Their involvement in narcotics trafficking raises special concern.

A disturbing finding in Boston and Chicago was the increase in gang involvement in drugs. Mayor Washington indicated that public school officials had reported an increase in gangs and youths selling and buying drugs in and around elementary and high schools. In the past year there has been an alarming increase in the number of gang/narcotic-related violent incidents.

Mr. Wadas, Supervisor, Narcotics Unit, Assistant State's Attorney, estimated that there were more than one hundred fifty gangs in the Chicago area. He indicated that a gang might mean a group of 10 to 15 people, in one small area, or in one or two city blocks, that calls themselves a gang like the El Rukns or the Black Gangsters Disciples, or the Latin Kings. There are a lot of smaller gangs with smaller memberships, smaller numbers. Then, there are gangs like the Vice Lords or the Black Gangster Disciples. There are a lot of offshoots of these gangs; there may be 10 or 15 factions of the one gang.

Gang activity in Chicago was found to span the entire spectrum of drug trafficking. Chicago Police Superintendent Fred Rice described the range of activities. The sale of narcotics provides a significant source of income for many gangs, enabling them to finance their various activities. The level of narcotics involvement by the individual gang is, however, directly related to the size of its membership and the degree of organizational sophistication achieved by the gang. The smaller, less organized gangs are generally only involved in selling drugs at the street level. As the gang grows and becomes more structured, it develops more specialized distribution methods and expands its product from PCP, marijuana, and pills to heroin and cocaine, due to the larger margin of profit involved. Several highly organized, well structured gangs presently active in Chicago are deeply entrenched in the operation of large-scale narcotics trafficking networks. These gangs are also active in assessing street taxes on non-members who deal drugs and will resort to anything to extract their tribute.

Moreover, according to Superintendent Rice, in conjunction with the gang's movement into the sale of harder drugs, there is evidence of a correlated escalation in the level and the extent of violence that gangs will employ to maintain control over their turf and the sale of their drugs. In Chicago the past year has produced an alarming increase in the number of gang/narcotics-related violent incidents.

Chicago officials indicated that homicides, gang members by gang members, increased as a result of intensifying rivalry over the dispensation of drugs. Peter Hunt, Executive Director of the Chicago Area Project, reported that of the 23 homicides—from February to April of 1985—only one of the victims was 21 years old. The rest ranged from 13 to 17 years of age. Nine percent of these homicides were drug related.

This violence has also affected innocent citizens. Mayor Washington told of Benjie Wilson, a young basketball player of genius, who was killed by a youth gang. The Mayor said that the Wilson killing had galvanized the people of Chicago, as never before, to do something about the whole gang situation. Never before had he seen such a serious, deep-seeded, motivated, and focused concern for doing something about the gang problem. A series of hearings were conducted throughout the city dealing with gangs, gang-related problems, social disorganization, motivations for joining gangs, the situation in the school, et cetera—the whole panorama of what might be called urban disorganization.

Gangs present a serious problem for law enforcement. Assistant States Attorney Wadas indicated it was very difficult for an outsid-

er to penetrate a street gang. To infiltrate, the individual has to be someone from the neighborhood or an informant, and there are not many informants penetrating street gangs.

Despite these difficulties efforts are being made by Chicago officials to confront the gang problem. Chicago Police Superintendent Fred Rice instituted a Gang Education and Diversion Program. It attempts to provide legitimate alternatives to gang membership, narcotics, and violence. By involving business, religious groups, and social agencies in this program, the city hopes to be able to stem the tide of gang involvement.

Moreover, FBI Special Agent Edward Hegarty informed the Committee that the FBI had underway, with the Chicago Police Department and other agencies, several investigations of street gang activity. These investigations were focused on gangs that were highly disciplined and were involved in the distribution of narcotics on a continuous basis. He did not wish to elaborate on the specifics of these initiatives.

The gang problem is not simply an urban problem; it extends into the suburbs. Executive Director Healy reported that the Chicago Crime Commission had noticed this phenomenon when, in 1983, they had their first gang conference for 126 surburban police chiefs. He indicated that up until that time, suburban police chiefs thought the scribbling on the walls was just so much scribbling. They didn't realize that the signs and signals designated "this is my turf." "As soon as you get the gang, you'll have the drugs; they go hand in hand."

As compared to the city of Chicago, where the drug problem is rampant, the situation in the suburbs is on a smaller scale. Mr. Healy also suggested that the response from suburban communities would be different. "I think if you hear a rumble of a gang in one of the more affluent suburbs, or that a certain house at a certain address has a reputation for selling drugs, I think they all come down heavy on them. They'll call everybody out to run those people out." Even with such a response the problem continues to grow, because, according to Mr. Healy, "the problem is bigger than the resources and it increases faster than the response to control it."

The Committee found that the gang problem was not limited to Chicago and its suburbs. Allan Nevas, the U.S. Attorney from Connecticut, reported that he currently had a case with the Hell's Angels, "who are—who have been heavily involved in cocaine trafficking in the Fairfield county area."

William Weld, U.S. Attorney from Massachusetts told the Committee about a case involving the "Capsule Boys" organization. The allegations are that heroin and cocaine in an encapsulated form were brought in from New York and Greenville, South Carolina, and were distributed in the black community by an organization which used black teenagers and pre-teens as couriers, look-outs, and walkie-talkies. The young boys were armed too—in case of trouble from law enforcement or rival gangs.

The hearing testimony does not provide the basis for determining how extensive the phenomenon of gangs and drugs is. Most certainly it is not a problem only in Boston and Chicago. Clearly, it bears watching.

6. Drug abuse by pregnant teenagers, who also usually drop out because of pregnancy, present a special concern.

The Committee found that the single most important reason for female students dropping out of school is pregnancy. These individuals are not always included in the dropout figures. That is, students who have "left because pregnant" may not be recorded as dropouts. Yet, school officials and counselors repeatedly indicated pregnancy among the reasons for dropping out.

U.S. Attorney Nevas succinctly stated the consequences of the relationship between drugs, dropping out, and pregnancy. "The usage of—daily usage of marijuana and cocaine and LSD—by young women is, in my view, genetic suicide for our generation. Somehow or other, I think the message has got to be gotten across to these people to that effect."

7. Despite clear evidence of drug abuse among teenagers and the relationship between drugs and dropping out, some school officials and especially parents, deny there is a problem.

Despite the overwhelming evidence of a relationship between drugs and dropouts, the Committee heard over and over again about a "denial syndrome." That is, there exists a tendency among some public officials, educators, and especially parents to deny the problem.

While ignorance of the extent of drug abuse among adolescents might have been an excuse several years ago, witnesses indicated that presently denial rather than ignorance is the problem. As Governor Carroll indicated, "no one ever came to me as chief executive of our State and said, 'Look Governor, the reason we have all these high school dropouts is because of their drugs and alcohol problems' . . . I went through five years as the chief executive of a State, up until 1980, and did not know the level of the problem in our own State . . ." Governor Carroll also indicated, however, that he did feel there was a denial problem. He suggested, for example, that principals in education would not participate in the Department of Education's voluntary program, "because they will not admit to themselves that they have got a problem."

Assistant School Superintendent Heing reported that the Chicago Board of Education has faced serious financial problems that have restricted full implementation of their drug prevention program. Problems included the tendency on the part of some schools and communities not to admit the severity of the substance abuse problems—the "denial syndrome."

Dr. Hendershott of the Central States Institute of Addiction suggested that there may be denial, because all types of people are using drugs. "What I find is that the denial is absolutely rampant. It is so serious and so devastating that it's just like we've got this humongous city burning down in front of us and we're just walking away from it. That is exactly that's going on. Why? Because principals, teachers, aides are all using—not all. I won't say all. But, there is a high use among them. There is a high use among parents."

A similar observation was made by witnesses in Boston. Even where law enforcement and educators have developed program initiatives they do not always find support in the community. According to Middlesex County D.A. Harshbarger, what has been most

disturbing to many in the educational community and law enforcement community is that, while the schools have taken a major step forward, they have not had the kind of budgetary support from the community to make these programs work, and every parent's night, that has been held to discuss drug and alcohol abuse, has been incredibly poorly attended. "It is not just a question of what you say to the kids, when you try to give them a reason for not using drugs. The issue with parents is they refuse to admit, that in this day and age, their children—sure, other people's children undoubtedly are using drugs—but not my children. And that is a problem that I have faced, and everyone of us has faced. Having gone through life with a 21-year-old and a 17-year-old, I long ago ceased to be naive about the types of influences that children face, and young men, particularly, maybe face as they go through their teenage years."

Treatment professionals also confront the denial problem. William Hartigan of the Mediplex Group indicated: "the average adolescent we are seeing in treatment is 15 and 16 years old, and has a 3 to 5 year history of significant abuse. That abuse has been evident to school counselors and to parents who are ill equipped to respond to it. They have a denial system—if they find out that a child is using marijuana, or using cocaine, or using drugs, their sense is, I do not want to deal with it, I do not want to focus on it."

As Governor Dukakis and Mayor Washington both indicated, while no one likes to admit they have this kind of problem, denying it does not make it go away. The Governor stated, "Anyone who gets defensive about this is not going to solve the problem." The fact is, however, that many people are defensive and breaking down that defensiveness has to be a part of any effective drug prevention strategy.

8. Prevention and education are the key to demand reduction.

Several conclusions regarding State and local drug education and prevention initiatives can be drawn from the testimony. First programmatically, State and local officials believe they know what has to be done. Second, sometimes denial of the problem by the community makes implementation difficult. Third, the major problem confronted by State and local government trying to address this issue is inadequate resources.

Witnesses strongly supported the need for drug abuse prevention and education programs as part of an anti-drug strategy. They described a variety of programs that are being planned or implemented in communities. Specific programs will be presented in Part III of this report.

The previous section examined the problem of the "denial syndrome." Although those officials who stepped forward to testify before the Committee recognized that drug abuse was a problem, witnesses indicated not all communities do. This observation has serious policy implications. It may mean that those areas needing assistance may not seek aid voluntarily. As former Governor Carroll suggested, while commenting on the U.S. Department of Education's voluntary education, program, principals in education will not participate in the Department of Education's voluntary program, because they will not admit to themselves that they have a problem.

Witnesses assessed the primary problem as one of financial resources. By way of example, William Pimental, Assistant Director, Division of Substance Abuse, Rhode Island Department of Mental Health, Retardation, and Hospitals testified that in this State, as far as the service level versus the need, data indicate that Rhode Island currently had the capacity to serve less than half of the drug abusers in need or most likely to demand treatment. Moreover, the biggest issue in prevention is that there are not funded curriculum in all of the schools, and there are areas of the State that have no prevention activities. The reason for this, to a certain extent, is the impact of the block grant. With the initiation of the block grant, Rhode Island experienced a 25 percent cut in Federal funds. Several mechanisms, including carrying forward money over the years, increasing State funds, and cutting back necessary services reduced the impact of that cut to a 10 percent cut in services.

According to Mr. Pimental, the reduction of services did result in increased waiting lists at the program level and the end of all expansion plans and speical program development. "In an area that is ever-changing and on the increase, we are not able to cope with what is new."

He went on to say that, as far as the role of the Federal Government, because of the substantial increased need for substance abuse services, current levels are inadequate and need to be increased. In addition, the Federal Government can play a leadership role in relation to the mandating of insurance benefits for substance abuse treatment.

9. Although cooperation between State and local officials and the private sector has develped in many communities, even greater cooperation is needed to respond effectively to the drug abuse and trafficking problem.

The Committee found evidence of cooperation among private, State, and local officials. More is needed, particularly from those segments of the community that continue to deny there is a serious problem.

Governor Dukakis told the Committee about a discipline and drug prevention program being run in the Blackstone-Millville regional school district. According to the Governor, School Superintendent Tom Cullen is providing both discipline and prevention programs throughout that school system. He has already promulgated a discipline code that lets administrators and teachers, partents and students, know there will be a reasonable, predictable and no nonsense response to all types of drug-related behavior. Within a school district the program includes a course on drug abuse, directed toward teaching students about the dangers of drug use, and teacher training programs, to help teachers deal effectively with problems in the classroom. School districts within the region and the local police have signed a memorandum of understanding, which creates a solid working relationship between the schools and the local police. Moreover, Blackstone-Millville students are among the 200,000 elementary school students in Massachusetts who have received drug buster kits. These kits include contracts, to be signed by parents and their children in which they agree to talk openly and truthfully about decisions regarding drug

and alcohol use, and suggested guidelines for parents and their children for dealing with the problem of drug abuse.

The result of the Blackstone-Millville program, according to the Governor, is a community where the problem of drug abuse is now being discussed fully and openly in schools and at home and where parents, their children, and their community leaders, with help and guidance from the State government, are working together to help their children say no to drugs. In short, well-coordinated, tough, statewide law enforcement and serious community-wide efforts obtain dividends in Massachusetts.

Victor Herbert described cooperation in the New York school system. Schools are expanding their role—offering not only instruction, but other needed services to address all of the problems that children bring into the classroom. To accomplish this, the schools enter a three-way partnership with the public and private sectors. This partnership is an equilateral triangle. The importance of each side is equal to the others, and the role of each complements the others.

According to Mr. Herbert, the public sector includes community-based organizations working on a contractural basis, public agencies working voluntarily, and city agencies. These organizations come into schools to provide direct services or to make referrals. They address the myriad of problems that act as impediments to learning. Certainly drug abuse is one. By working together, the schools and the public sector can remove some of these impediments.

He indicated that the private sector has a role in this effort, too. It must do what the other two partners cannot do—offer jobs and on-the-job training, provide "extra" incentives to students and teachers, provide up-to-date equipment and expertise, to name only a few of the many possibilities.

Finally, Mr. Herbert suggested that the New York salute to incoming high school freshmen was another example of the way that the private and public sectors have come together in New York to provide incentives. These incentives include dictionaries, T-shirts, calculators and any number of other things that say to the young people in New York: "We expect you to go to school. We expect you to stay in school."

Governor Carroll presented a bleaker picture of communities where cooperation is lacking. He asserted: to know what is really going on in the schools, one must talk to the classroom teachers. They will tell you they have no support from the principals. They will tell you they have no support from the superintendent. Indeed, if you want to know who is trafficking at the school, talk to security forces. They will tell you the license numbers of the cars. They will tell you the names of the individuals coming to the schools every day and selling out of the backs of their cars. If you really want to know what is going on in the schools of America, most often you find out by talking to classroom teachers. Many of the school superintendents, many of the high school principals are concerned and they are doing something about it so it is not a blanket indictment.

Thus, the overall Committee finding is that the level of cooperation at the State and local level is not uniform. There is movement.

The primary missing piece in the cooperative picture is the Federal Government.

10. Federal cutbacks in funding have adversely affected State and local programming in the area of drug abuse prevention and education as well as law enforcement. Federal support for local initiatives is critical.

State and local officials told the committee that while they continued to work aggressively to combat drug abuse and that their relationship with Federal agency personnel was good, cutbacks in Federal funds had hampered local programming. Additional Federal monies are needed to support and supplement State and local efforts.

Mayor Washington emphasized that while he was committed to dealing with the problem, mammoth resources were required and his were limited. He told the Committee: We want to saturate people with the idea that if we are ever going to resolve this problem it is going to have to be universalized. No one can shun it. The Congress cannot do it alone; mayors cannot do it alone; churches, educational institutions, everyone has to be concerned. Our human service and health departments are in desperate need of more resources to provide drug abuse prevention, treatment, and rehabilitation. Financial and manpower resources are needed to strengthen the intergovernmental efforts of our city, State and Federal Government, so that we can efficiently work together to address the growing drug problem and all its detrimental implications.

The Mayor went on to suggest that the benefits of H.R. 5990 (H.R. 526 of 1985) are most desperately needed in cities like Chicago. "The provisions of this bill, I understand, make grants available to State and local governments for the purpose of increasing our ability to provide drug abuse prevention, treatment and rehabilitation, if passed, is a godsend; even though that will be small in terms of the totality of the problem. I want to again applaud the efforts of Chairman Rangel and his wonderful Committee for proposing this very important and timely legislation. I applaud the bill's sponsors and I doubly applaud the prominent members of this Committee for conducting nationwide hearings on the extremely important narcotics problem."

Governor Dukakis echoed the same message. He told the Committee that while we are still wrestling with a very serious Federal deficit and governors are trying to be very restrained in asking for more, there is no question that there is a time when we are going to lose revenue sharing. I guess our local and State governments are at least going to have to begin to pay Medicare taxes, which we have not paid in the past. These burdens are beginning to be felt. Our ability to expand the kind of commitment that needs to be made is increasingly limited. I do feel very strongly that the States do have a responsibility to put some resources into this effort, and we are doing so. But we could certainly be helped enormously.

The Governor went on to say that apart from the resources, "we have had very good cooperation. I personally have met both with the local agent of the FBI and with the administrator, regional administrator of the DEA here, and my sense is that we are working cooperatively and effectively with them. No question, however, that the principal burden, at least for State law enforcement, is ours.

We accept that. But because of the interstate—the national—nature of the problem unless we get the FBI and DEA involved, we cannot possibly handle it."

And from New York, again the same message was articulated. Assistant Superintendent Herbert reported: the good news is that "We know what to do;" the bad news is the inadequacy of resources. "Our State and city governments have joined us in these efforts, and the Federal Government must do so too. We cannot continue to apply band-aids to work piecemeal."

Federal witnesses described drug enforcement programs under their jurisdiction. Lawrence Davenport, Assistant Education Secretary, Office of Elementary and Secondary Education testified that the Department funds five regional centers which train school teams. These teams come from local communities and State agencies. The program is voluntary. The school officials decide that they want to participate and make an application for training. During the hearing former Governor Carroll suggested to Secretary Davenport that any voluntary program would not work because of the presence of the "denial syndrome"; it does not allow one to admit that the problem exists. "So you are not going to find superintendents of education, you are not going to find principals in education coming to you for help, because they will not admit to themselves that they have got a problem in the first place."

Dr. Jerome Jaffe reported on the Federal drug education efforts of the National Institute on Drug Abuse (NIDA). In addition to its activities in prevention research NIDA contributes to Federal and State support for prevention through technical assistance efforts and the production and dissemination of print materials and media campaigns. The latter includes, among other programs, the "Just Say No" campaign. It is targeted to minority inner-city youth and their parents. With television, radio, posters and print ads, NIDA communicates the "Just Say No" message.

The message which was communicated at the hearings is that while the Federal Government provides some good information on drug abuse, it is not enough. Many States and localities know what has to be done. What they need is Federal dollars to support these efforts. Other States, however, need the help of the Federal Government to overcome the "denial syndrome" before they will promote drug prevention and education programs.

SUMMARY

The SCNAC hearings support the conclusion that there is relationship between drug abuse and dropping out. This relationship is complex. Often both phenomena are associated with other factors, for example, low self-esteem. Moreover, both phenomena have reached serious levels among minority students—epidemic proportions.

In some communities, public officials and parents deny there is a problem. In other communities, however, initiatives are being taken to confront drug abuse, through prevention and education programs as well as law enforcement activities. In these communities, cooperation usually exists between the public and private sec-

tors. This cooperation is a prerequisite to any successful drug abuse prevention and education effort.

Programmatically, the hearings point to the need for special education and prevention efforts directed toward dropouts. Providing them with information is not sufficient. Additional problems associated with drugs and dropping out, which require special attention, are gangs and teenage pregnancy. In short, effective drug prevention and education means providing a variety of types of programs, directed toward different types of youths.

Finally, the hearings indicate that action by the Federal Government is essential. Federal initiatives are needed in several areas: financial support for ongoing and new State and local prevention and education initiatives; programs directed toward youths with special needs; and incentive programs to encourage those communities, that do not recognize or are not addressing their drug problems, to address them.

II. Social Science Literature

Adolescent drug use and dropping out of school have each been the subject of significant social research. Studies linking the two phenomena, however, are not common. Even rarer is research on the long range effects dropping out has on drug behavior in young adulthood.[7] That is, is there a difference between the drug use patterns of dropouts in adulthood and their peers who complete high school?

Part of the explanation for the rarity of research on drugs and dropouts lies in the conceptual, statistical and practical problems confronted by the researcher trying to investigate the phenomena. From a research perspective, these problems limit the comparability and conclusiveness of existing studies. These problems, however are not only a matter of concern to academicians. Practitioners also feel their impact. Because it is difficult to determine national trends and causal relationships, as well as to find dropouts, using established institutional channels, e.g., the school systems, policymaking and programmatic decisions are necessarily complex. In light of the impact of the research problems on practitioners, these difficulties also affect the Select Committee's recommendations. For this reason this report first examines these problems and the limits they place on the findings of current research. Then, the literature is reviewed, focusing on recurring themes and those relevant to the Select Committee's findings discussed in Part I of the report.

RESEARCH PROBLEMS

The difficulties confronted by researchers examining the relationship beteeen drugs and dropping out can be organized into three categories. They are: defining the problem, access to the af-

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[7] Denise B. Kandel and John A. Logan, "Patterns of Drug Use from Adolescence to Young Adulthood: I. Periods of Risk for Initiation, Continued Use and, Discontinuation." *American Journal of Public Health.* Vol. 74 (July 1984) No. 7:660–666; Kazuo Yamaguchi and Denise B. Kandel "Patterns of Drug Use from Adolescence to Young Adulthood: II. Sequences of Progression." *American Journal of Public Welfare* Vol. 74 (July 1984) No. 7:668–672; Denise B. Kandel, Victoria Raveis, and Paul I. Kandel, "Continuity in Discontinuities: Adjustment in Young Adulthood of Former School Absentees," *Youth and Society.* Vol. 15 (March 1984) No. 3: 325–352.

fected population, and the need to study the relationship between drugs and dropping out over time.

Definition

The definitional problems, which affect research on the relationship between drugs and dropouts, are associated with the study of the dropout phenomenon in general. Simply stated, there is no agreed upon definition of what a dropout is. Moreover, there is no uniform method of collecting and compiling dropout statistics. These inadequacies are reflected both in scholarly research and government data and publications.

What is a dropout? Is a dropout only an individual who leaves school voluntarily? Does the term include female students who fail to graduate because of pregnancy? Does it refer to students who transfer to a different school, move out of the State, or leave the country? Are youths in juvenile correctional facilities dropouts? Is an individual who receives a high school equivalency diploma at age nineteen still a dropout? Are youths, who are incapable of completing school because of severe handicaps, dropouts? The term dropout may mean all or some of the above individuals. It depends upon who defines the term.

Not only does the definition of what is a dropout vary, but so does the manner in which the problem is measured. Some researchers and most State agencies rely on enrollment figures. They compare the enrollment rate of a group of students at one point in time, one grade level, e.g., grade nine, with the number from that grade group who ultimately graduate. For example, the National Center for Education Statistics compared fifth graders in the fall of 1975 with high school graduates in 1983. The Center bases its school retention rate on the 5th grade because the 5th grade is regarded as a better measure than earlier grades. These figures are not inflated by the large number of students who spend more than one year in a grade in the earlier elementary years.

Another approach using enrollment figures is to compare graduates with the total population of seventeen year olds in the population. Graduates would include only those who achieve high school diplomas through the regular prescribed program, not those who secure high school equivalency diplomas.

Relying on enrollment figures may distort the dropout rate in several ways. Such an approach can include as dropouts those who have left the State, but graduated in another State. On the school district level, enrollment figures may consider, as dropouts, those who transfer to another district in the same State. Moreover, included among the graduates may be individuals who have repeated one or more grades and were, therefore, not part of the original cohort.

The second general method is to track individuals. This approach creates a more accurate picture of the dropout problem. It, however, either requires a sophisticated computerized data system or relies on small samples of students. Few State school systems have the type of computer system necessary; therefore the States cannot provide this information. Researchers have tended to rely on small samples, but compiling or comparing the findings from these stud-

ies is not possible because there is no agreed upon definition of dropouts.[8]

The lack of a standardized definition and of a uniform method of measuring "dropouts" has several implications for the study of drugs and dropouts. First, the data from the various studies are not comparable. Similarly, statistics gathered from the States cannot be easily compared. Second, since studies use different definitions, it is difficult to determine trends. Third, the lack of precision in dropout statistics, in turn, affects the studies on drugs and dropouts. Consequently, it is difficult to compare and contrast the findings of different studies or make generalizations regarding the relationship between drugs and dropping out.

Access

A second problem is access to dropouts. Most of the studies of drug use among adolescents survey or interview individuals who are easily accessible. High school students are readily accessible, because they are in school. The need for parental permission may create some difficulty, if they refuse, but generally the researcher has a receptive, as well as captive population. A second available and clearly captive population is youths who are incarcerated in juvenile institutions. One finds that the drug use and abuse of these juveniles, as well as their characteristics, are well documented. These youths represent, however, the extreme end of the continuum of drug abusing adolescents.

Since dropouts are not an easily accessed group of adolescents, little is written about their drug use. If they are not ignored, the sample size is usually small and limited to a single community; thus it is nearly impossible to draw any sound general conclusions about drugs and dropouts. Followup, if a longitudinal study is done, presents further complications. Those dropouts who are available, for example, five years later, may be different from the overall population of dropouts. Larger surveys may estimate the prevalence of drug use among dropouts by extrapolating from the findings, rather than by actually surveying or interviewing dropouts. These are only estimates and are only as good as the methods of extrapolation.

Several authors have attempted to address the absentee problem. In her 1970–72 New York study, Denise Kandel used two different samples and two different data collection procedures to reach absentees. First, she conducted a household survey of the 117 students absent from the 17 homerooms in her study of a New York high school. Of the 117, 61 were interviewed, 36 refused and 20 could not be located. Because this group reported almost no drug use, a second technique was employed. 238 students who had been absent from the school survey were contacted by mail and asked to come in for an office administered questionnaire. 44 percent participated. Using both methods only a small proportion of the absentees chose to participate in the survey.[9] In her follow-up study of

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[8] Kandel, et al. (March, 1984), p. 327; Jerald G. Bachman, S. Green, and I.D. Wirtanen, *Youth in Transition, Vol. III. Dropping Out—Problem or Symptom?* Ann Arbor, MI: Survey Research Center, Institute for Social Research, University of Michigan (1971), p. 5.

[9] Denise Kandel, "Reaching the Hard-to-Reach: Illicit Drug Use Among High School Absentees," *Addictive Diseases.* Vol. 1 (1975) No. 4: 472.

the high school students in young adulthood, Kandel also included a sample of absentees. Of the 318 former absentees, 229 were interviewed.[10]

In the 1984 University of Michigan annual survey of drug use among high school seniors, Johnston, et al., tried to estimate the rate of drug use among absentees. To do so, students were asked how many days of school they had missed in the last four weeks. Based on this variable, the sample was divided into strata. Assuming that absence, on the day the test was given, was random, respondents in a stratum were used to represent all students in that stratum. Answer to each survey question were then weighted in each stratum to represent both those present and those absent.[11]

Dropouts present an even more difficult problem than absentees. Most researchers who have attempted to address the problem do so by studying small groups of former students or "potential" dropouts. For example, Cruno and Doscher [12] studied a small group of Mexican American students who were identified by school officials as "potential dropouts." Similarly Davidson, Bell and Gore [13] interviewed a group of 78 secondary school students who "satisfied selected criteria as dropouts" to determine drug use by these students. Winburn and Hays[14] surveyed 144 dropouts who had applied to a Federal training program and were present at the program on the day the survey was given.

Alfred Friedman,[15] who specifically looked at the relationship between drugs and dropping out, surveyed 598 9th, 10th, and 11th grade students concerning their drug use. 208 of these students dropped out before graduation. Thus, by employing a longitudinal approach, he was able to compare drug use patterns of students who ultimately graduated with those of students who dropped out. As was true of the studies mentioned earlier, however, his sample size was small and limited to two high schools in Philadelphia—hardly a basis from which to generalize to the total dropout population.

Because it is difficult to access the dropout problem in a systematic fashion, findings are not readily generalizable. Smaller samples in single communities provide useful, but limited information. If the results of a number of diverse small samples produce similar results, there is a basis for drawing conclusions about trends. To data, however, the most reasonable conclusion regarding the relationship between drugs and dropping out is that there is a correlation between the two. There is not sufficient evidence to draw specific conclusions as to the nature of that correlation.

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[10] Kandel, et al. (March 1984), pp. 328-329, 338.

[11] Johnson, et al. (1985), pp. 153-154.

[12] James E. Bruno and Lynn Doscher, "Patterns of Drug Use Among Mexican-American Potential School Dropouts," *Journal of Drug Education.* Vol. 9 (1979) No. 1: 1-10.

[13] Charles W. Davidson, Michael Bell, and Delores Gore, "The Prediction of Drug Use through Discriminate Analysis from Variables Common to Potential Secondary School Dropouts," *Journal of Educational Research.* Vol. 72 (July/Aug 1979) No. 6: 313-316.

[14] G. Michael Winburn and J.R. Hays, "Dropouts: A Study of Drug Use," *Journal of Drug Education.* Vol. 4 (Summer 1974) No. 2: 249-254.

[15] Alfred S. Friedman, *Final Report: Drug Use as Cause of School Dropout and Treatment Need.* Washington, D.C.: National Institute on Drug Abuse (April 1985).

Time

The third problem confronted by researchers studying drugs and dropping out is the desirability of following behavior over time—to conduct longitudinal studies. Comparing a group of students at two points in time does not permit the examination of the intricate web of influences to which adolescents are subjected and which influence their behavior. The difficulty involved in tracking students over time means that, for practical reasons, smaller samples are used. Therefore, again, only limited conclusions can be drawn.

Assessment

The three problems that have been identified as affecting existing studies on drugs and dropouts—(1) the lack of agreement as to the definition of the problem of dropping out and the failure to develop a standardized method of measuring the problem; (2) the difficulty of finding dropouts to survey or interview; and (3) the desirability, but difficulty, of conducting longitudinal studies—limit the types of generalizations one can draw from this research. Despite these limitations, the studies do support many of the observations made by the witnesses before the SCNAC. Specifically, the studies support the conclusion that: drugs and dropping out are associated with each other; they are also associated with a variety of other behaviors and characteristics; and minorities are impacted more severely. The relevant studies will be described in brief.

RESEARCH FINDINGS

As noted earlier, specific research on the relationship between drugs and dropping out is rare. Moreover, a variety of approaches have been taken. Some researchers have sought to find a direct relationship between drug abuse and dropping out. Others have focused on third factors, such as self-esteem, family relationships, peer pressure, or school factors which may impact both drug use and dropping out. Still other studies have examined the interrelationship between institutional factors and individual characteristics. Finally, some researchers have focused on drug abuse within specific groups of adolescents.

One study, which tried to demonstrate a causal relationship between drugs and dropping out, was conducted by Dr. Alfred Friedman under a NIDA grant. Friedman surveyed more than 500 9th, 10th, and 11th grade volunteers from two Philadelphia public high schools during academic year 1980–81. His aim was to determine, in a longitudinal study, the degree to which earlier drug use leads to/contributes to subsequent dropping out. He found that students who dropped out included: *51 percent of the "qualified" users* (defined as: having used marijuana and/or alcohol at least once per week on the average during the preceding three month period or any past use during preceding year of a higher risk drug), *30 percent of the "casual" drug users* (use of marijuana or alcohol not at level of frequency required for "qualified"), and *26 percent of non-drug users* (no reported history of illicit drug use).[16]

[16] Friedman (1985), pp. 4-7.

To determine whether "earlier substance abuse predicted, to a statistically significant degree, later failure to graduate from high school" Friedman uses complicated multivariate analyses. He concludes that earlier substance abuse does predict later dropping out,[17] but he does not explain how much impact is accounted for by drug abuse, in contrast to other factors. In other words, drug abuse partially explains dropping out, but how much drug abuse explains, as compared to, for example, low self-esteem, is unclear.

In an earlier study Winburn and Hays surveyed a group of dropouts to determine the prevalence and correlates of their drug use, as compared to that of 2,277 high school students. They found that the earlier an individual drops out the more likely he is to have used drugs. Moreover they found among dropouts greater "ever used" rates of: tobacco, marijuana, stimulants, barbiturates, cough syrup, hallucinogens and solvents. Alcohol and cocaine or opiate use were higher among the student population. The high school sample was middle to upper class social status; the dropout sample was largely Black and lower social status. (These factors may explain the difference in cocaine use in 1974). The authors suggest that while it might be argued that dropouts left school because of drug problems, it may also be argued that a major causal factor in drug use is the sterility of the classroom. Schools with bored youngsters may be the breeding ground for drug cultures.[18]

Although Denise Kandel focuses on absentees, some of these absentees may also have dropped out. In her earlier study in the 1970's she found that absentees were more involved in drugs than their classmates who attended classes. That is, the rates of drug use, especially illicit drugs, among absentees were considerably higher than the rates of regular students in the same school. She also points out that among absentees, those most heavily involved with drugs were the hardest to reach. Moreover, under conditions of self-selected participation in the study, certain heavy drug users, particularly boys and blacks, tended to exclude themselves. As to what would explain why she finds higher drug use rates among absentees, she suggests that the same factors that are related to absenteeism, such as poor school performance and cutting classes, are also related to higher use rates among regular students.[19] In short, these factors may explain the higher rates of drug use among absentees.

In her 1980 follow-up study, Kandel found that absentees and dropouts differed in how they functioned in young adulthood. Former absentees and dropouts were characterized by a greater involvement in certain types of drug use. Specifically, the most striking differences with respect to drug use pertained to cigarette smoking among men and women and to the use of prescribed minor tranquilizers among women. Smoking cigarettes daily in the year preceding the follow-up was reported by 64 percent of the dropouts in the sample of former school absentees, as compared to 53 percent of the dropouts among the former regular students, 40 percent of the non-dropouts among former school absentees and 34

[17] Ibid, pp. 7–10.
[18] Winburn and Hays (1974), p. 254.
[19] Kandel (1975), p. 479.

percent of the non-dropouts among the regular students. Less striking differences appeared in current marijuana involvement: the proportion reporting to have used marijuana 4 or more times weekly over the course of the last year ranged from 9 percent among the non-dropout former regular students to 16 percent among the dropouts in the regular sample and 14 percent among those in the absentee sample. In short, the rate of those who used marijuana almost on a daily basis was 50 percent higher among the dropouts than the non-dropouts.[20] Thus, the consequences of absenteeism and dropping out are negative over the long run, as well as in the schoolroom.

Most studies, even those specifically looking at drug abuse and dropping out, associate these two problems with a variety of factors. Among the most common factors considered are: low self-esteem or self-image, parental influence, peer group pressure, psychological problems, other types of deviance, and boredom.

Samuels and Samuels [21] tried to determine whether low self-concept was a causative factor of drug abuse. They administered a forced-choice questionnaire to 37 adolescent members of a drug rehabilitation program. The breakdown of causes to which these youths attributed drug abuse were as follows:

75.5% low self-concept
91.9% boredom and curiosity
67.5% peer pressure
64.8% pleasure seeking

The authors concluded that boredom, curiosity and low self-concept were significant causes of drug abuse in many adolescents.[22]

Ahlgren and Norem-Hebeisen focused on self-concept among not only drug abusing adolescent, but other dysfunctional adolescents. They concluded that: To the extent that all dysfunctional groups were undergoing life crises related to institutionalization and being negatively valued by society, the markedly lower general self-esteem of drug abusers cannot be ascribed merely to "being in trouble." A more likely hypothesis was that the low self-esteem had led to or had been associated with the beginning of drug abuse, although such a conclusion remains highly speculative.[23]

Davidson, Bell and Gore also emphasized the relationship between drugs, dropping out, and self-esteem. They suggest that finding that self-image is significantly related to drug use may be an indication of feelings of despair which students experience in situations where they feel they have no control. Or, drugs may be used to produce euphoria to counteract a low self-image.[24]

Addressing the question of the long term effects of truancy, Robins and Ratcliff found that drug abuse, rather than being associated with truancy in elementary school or low IQ, was associated with early sexual experimentation and drinking. This combination

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[20] Kandel, et al. (March 1984), p. 343.
[21] Donald J. Samuels and Muriel Samuels, "Low Self-Concept as a Cause of Drug Abuse," *Journal of Drug Education*, Vol. 4 (Winter 1974) No. 4:421-438.
[22] Ibid., pp. 429-433.
[23] Andrew Ahlgren and Ardyth A. Norem-Hebeisen, "Self-Esteem Patterns Distrinctive of Groups of Drug Abusing and Other Dysfunctional Adolescents," *International Journal of the Addictions*, 14 (1979) No. 6:759-777.
[24] Davidson, et al. (1979), p. 315.

of behaviors forecasted dropping out, a strong likelihood of continued deviance and drug abuse.[25]

Cohen and Santo suggest that the literature supports an interactive hypothesis.[26] Drug abuse may lead to educational prevocational failure and, at the same time, institutional deficiencies in the educational system together with student failures in school performance predispose toward drug use and abuse; and that drug use combined with limitations in educational opportunities can have more serious implications than either problem on its own.[27] In short, they are suggesting a "vicious cycle."

Existing research also examines drug abuse behavior among selected subgroups of youth. Several studies have focused on Blacks,[28] Hispanics,[29] American Indians,[30] and women.[31] Because these studies are based on small samples and sometimes depend on voluntary participation, it is not possible to draw any certain generalizations from them. A few themes do recur, however. Drug use is more prevalent among potential dropouts and those students of lower educational attainment. Cultural attitudes toward drugs may impact usage. For example, while usage among Hispanic students is reported to be lower than among the general high school population, usage among black adolescents is higher. Boys and girls tend to use different types of drugs.

SUMMARY

The findings of the aforementioned studies support the observations of the SCNAC regarding the complex relationship between drug abuse and dropping out. In general, they underscore the finding that many factors are associated with drugs and dropping out. Specifically, and of particular importance among the findings of both research and hearings are: (1) the association between low esteem, drug abuse, truancy and dropping out; (2) the variations in drug usage between the dropout population and other adolescents; (3) the variations in drug usage among particular subgroups within the dropout population, e.g., minorities and women; and (4) the observation that those most in need of assistance may be those most difficult to reach.

These findings have implications for public policy and programming directed toward drug education and prevention among adolescents. It is not sufficient to provide information about the negative effects of drug use. Different groups of adolescents—the dropouts

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[25] Lee Nelken Robins and Kathryn Strother Ratcliff, "The Long-Term Outcome of Truancy," in L. Hersov and I. Berg, *Out of School*, New York: John Wiley and Sons, Ltd. (1980), pp. 65–83.

[26] Allan Y. Cohen and Yoav Santo, "Youth Drug Abuse and Education: Empirical and Theoretical Considerations," in George M. Beschner and Alfred S. Friedman, *Youth Drug Abuse: Problems, Issues and Treatment*, Lexington, MA: Lexington Books (1979), pp. 229–254.

[27] Ibid., p. 233.

[28] For example: Ann F. Brunswick, "Black Youths and Drug Use Behavior," in Beschner and Friedman (1979), pp. 443–490; Robins and Ratcliff (1980), pp. 65–83.

[29] For example: Bruno and Doscher (1979), pp. 1-10; Betty Crowther, "Patterns of Drug Use Among Mexican Americans," *International Journal of the Addictions*, Vol. 7 (1972) No. 4:637–647.

[30] For example: E.R. Oetting and George Goldstein, "Drug Use Among Native American Adolescents," in Beschner and Friedman (1979), pp. 409–441.

[31] Marsha Rosenbaum, *Women on Heroin*, New Brunswick, N.J.: Rutgers University Press (1981), pp. 20–22; Denise Kandel, Victoria Raveis, and John Logan, "Sex Differences in the Characteristics of Members Lost to a Longitudinal Panel: A Speculative Research Note," *Public Opinion Quarterly*, Vol. 47 (1983): 567–575.

and subgroups within the dropout population have special needs. These needs and the underlying causes of drug use have to be addressed. Otherwise, money is simply being spent for appearances—as a symbolic gesture—rather than to respond to the problem.

III. State and Local Programming

The Select Committee was told of program initiatives in various parts of the country. Although some communities exhibit the "denial syndrome," the variety of programs, described by witnesses, demonstrates that many State and local governments understand and are trying to combat the drug and narcotics problem in their communities. Some of these efforts had been reduced or were experiencing difficulties because of cutbacks in Federal financial support. Others were in danger of being cut back because of resource limitations despite State and local government support. The overwhelming conclusion from the Committee hearings is that most State and local governments have the desire and many have the know-how to address the drug abuse problem, but almost all are desperately in need of Federal funds to support their efforts.

In this section some of these programs will be described. Some have been mentioned earlier in the report, but will be presented, here, in greater detail. These programs are only a small sample of those related by witnesses during the Select Committee's hearings. No effort has been made to assess the merits of a particular program or to present the best in available programs. The program descriptions were presented first, to demonstrate that many State and local governments are actively involved in drug abuse prevention and education and second, to support the assertion that the problem of demand reduction is not one of a lack of available program models.

MODELS

In Chicago, a "Report Crime in Your Neighborhood" hotline was begun as a pilot program to enable those not wanting to use the 911 number to report neighborhood crimes. The response was so overwhelming that the Chicago Crime Commission continued the hotline as a permanent service. Allowing the caller to remain anonymous appears to have been the key to the program's success. The statistical data, submitted to the SCNAC by the Crime Commissioner, indicates that drug offenses can be impacted by such a community approach.

Breakdown of calls received by type of crime

	Percent
Drug related	44.2
Gang related	12.9
Auto related	6.9
Prostitution related	2.0
General theft	10.9
Murder	2.7
Shootings	2.3
Other	11.0

Statistical summary of arrests resulting from "report crime" anonymous tips

Total Number of Arrests	132
Arrests by Crime	*Percent*
Drug Law Violations	58.2
Weapon Law Violations	19.0
Prostitution	5.0
Drinking Law Violations	4.4
Assault, Battery	3.2
Auto Theft	3.2
Disorderly Conduct	1.9
Illegal Gambling	1.3
Receiving Stolen Property	1.3
Pandering	0.6
Unspecified Gang Activity	0.6
Murder	0.6
Theft	0.6

In 1981, the Cook County State's Attorney's office formed a Citizen Drug Task Force. It is comprised of members from throughout Cook County who meet with State's Attorney's staff every four to six weeks to help promote and plan community efforts against drugs. One project of this task force was the publication of the booklet "Drugs: Illusion/Reality." It was designed to give parents the most important facts needed to recognize and handle drug abuse among the young. The demand for the publication was tremendous. Last fall's first printing of 7,000 copies was quickly exhausted, and the office has authorized printing for 40,000 new copies using money seized during narcotics arrests in which the office participated. The Drug Task Force also created a slide show to accompany the booklet, and has recently established a special speaker's bureau to provide presentations by experts on drug abuse to groups and organizations in Cook County.

According to Chicago officials, the best weapons against drug abuse are knowledge and the determination to use it. This program is a large step forward in providing citizens with the most accurate, up-to-date information available on drug abuse in their communities.

The Cook County State's Attorney's Office also developed special efforts to involve the young in the fight against drug abuse. Since 1981, the Office has sponsored an annual Leadership Day on which high school students are honored and meet with the State's Attorney and his staff to discuss crime issues of concern to students—mainly gang crime and drug dealing and abuse. Also in 1981, the Office began an annual Drug Poster Contest. Reportedly, it attracts more than 4,000 entries each year from sixth, seventh and eighth grade students from public and private schools throughout Cook County.

The Chicago Public Schools are also involved in drug education efforts. They have developed a curriculum guide, teacher training courses, and a community information program.

Specifically, a curriculum guide for kindergarten through high school has been developed and made available to each of the system's 24,000 teachers. The title of the guide is *Education about Drugs.* This curriculum is interdisciplinary and multifaceted. It is a non-essential approach that offers accurate information while avoiding moralizing, preaching and scare tactics.

A series of teacher training courses entitled "Drug Abuse Prevention Education" offer 176 class hours on an extended-day basis, providing teachers 12 semester hours of promotional credit toward

salary lane placement. Moreover, in order to involve the community, information meetings are provided, on request, to parent and community organizations.

The Committee also found educational and treatment programs in New England. The Governor of Massachusetts described the drug prevention efforts sponsored by the Blackstone-Millville regional district (see above). It includes a course on drug abuse for students and teacher training programs.

In 1983, the Vermont Legislature passed legislation requiring alcohol and drug abuse programs to be fully implemented in all school districts by the end of the 1986–1987 school year. In response to this statute, the State's Department of Education and the Office of Alcohol and Drug Abuse Program conjointly developed and implemented the Act 51 Assistance Program. The first step in this process was the formation of a jointly staffed Act 51 Program Planning Group (PPG), which then proceeded to define the standards and expectations of the State regarding school programs to meet the mandate.

The initial product of the PPG was the Vermont Alcohol and Drug Education Curriculum Plan. This document describes eight concept areas laid out in scoped and sequenced learning objectives for K–3, 4–6, 7–9, and 10–12 grade levels. These learning objectives are the standard to which all Vermont schools must teach to meet the curriculum component of the Act 51 mandate. The PPG investigated current research on both alcohol and drug abuse prevention education and curriculum development in generating this plan. Key concepts underlying the Curriculum Plan include:

(a) Scope and sequence issues—appropriate activities, concepts, and content for each set of grade levels, including increasing breadth and depth of mastery of information and skills with each advancing grade.

(b) Student-centered teaching and learning activities (as opposed to teacher-centered).

(c) Integration into the board school curriculum, with thorough attention given to curriculum objectives throughout the school year (as opposed to offering isolated "one-shot" or short term approaches). By the fall of 1985, the Vermont Act 51 Assistance Program was working with some one hundred-forty schools representing nearly half the State's student population of approximately 100,000.

Assistant Superintendent Victor Herbert testified that New York City had an array of services available to high risk youth: personal counseling, attendance outreach, health services, academic remediation and enrichment, employment and job counseling, family services, drug counseling, among others. He also informed the SCNAC that an analysis of New York's most recent dropout statistics indicated that students enrolled in occupational education programs are three times more likely to stay in school than students not enrolled in these programs. "This is a powerful argument for providing employment and training through the private sector."

SUMMARY

As suggested by the programs described in this section, a variety of drug prevention and education programs are being run by the States and localities. Perhaps these efforts can serve as models for those communities that have not yet recognized that a drug abuse problem exists or do not have the know-how to address the problem. Many of these State and local programs need additional resources to continue their efforts. Both those communities that have programs and those that need community awareness raised and incentives to encourage local initiatives require Federal support.

IV. The Federal Role

Federal agency witnesses before the Select Committee's Black Caucus hearing described several federally sponsored drug abuse and prevention efforts. Some of these were mentioned in Part I of the report. These, among others, will be described in more detail in this section.

The specific programs identified were found in the National Institute on Drug Abuse, the Drug Enforcement Administration, and the Department of Education. Several characteristics are reflected in all of these programs. They are voluntary, promote research, serve a clearinghouse function, emphasize the role of the private sector, are media oriented, and stress athletics. In short, the Committee found that the Federal roles in drug abuse education are facilitator, rather than actor, and supporter, rather than provider.

CURRENT PROGRAMS

National Institute on Drug Abuse

The National Institute on Drug Abuse (NIDA), was created in 1974 to develop and manage national programs for drug abuse treatment, prevention, research, training, and rehabilitation. According to Acting NIDA Director, Dr. Jerome Jaffe, to fulfill this congressional mandate NIDA: (1) collects and analyzes epidemiological data on the varieties and extent of drug abuse, and monitors emerging trends in drug use; (2) sponsors and conducts basic and applied research; (3) analyzes data from such studies; (4) disseminates research and technical information on drug abuse to scientists, State and local agencies, and other individuals and groups; (5) upon request, lends assistance to such agencies and groups in carrying out drug abuse prevention programs; and (6) disseminates public information and sponsors programs to actively discourage drug abuse.

Within its research and prevention programs, NIDA has been exploring factors to determine whether there is a link between substance abuse and school dropouts. The agency has also funded prevention research over the past decade. Their prevention activities are based on the prevention research findings. Part II of this report reviews the NIDA sponsored studies relevant to the question of drugs and dropping out.

With respect to its prevention strategy, NIDA engages in several types of activity. They include: technical assistance to groups in both the public and private sector; identification and—through lim-

ited funds for demonstration projects—replication of model prevention programs; dissemination of prevention research findings to schools, parents groups, primary health care providers, and law enforcement personnel through publications and workshops; and public education through the development of written information and national campaigns.

In its technical assistance capacity, NIDA works within existing organizations, whenever possible, in order to maximize limited resources. They are involved with schools in these prevention efforts. NIDA has provided written materials to aid schools in their efforts to give young people information about the dangers associated with various drugs. In addition, NIDA is working on a project to assess the utility, accuracy and acceptability of those substances abuse curricula most commonly in use. The institute is also developing a monograph describing the policy options available to school administrators to deal with drug abuse in their schools.

In an effort to counter peer pressures to initiate drug use, the institute has initiated two school-based programs, targeted to different age groups and designed to support students' ability to reject drugs. "Just Say No" Clubs, targeted at 4th through 6th graders, are designed to teach youngsters skills for rejecting drug use with out feeling socially isolated. "Teens in Action," targeted to 7th through 9th graders, encourages a public commitment to abstinence while providing a means for increasing students' self-esteem. Materials are being developed for use with both of these initiatives and an effort will be made to encourage their replication.

NIDA has produced a body of written materials which range from brochures through monographs and are designed to cover an equally broad range of prevention issues. The documents make use of research findings in order to inform both lay and professional audiences. During fiscal year 1984, more than 2.9 million publications were distributed in response to requests from parents, young people, community programs, treatment staff, researchers, and State and local officials. This information is disseminated through NIDA's clearinghouse. Through use of data from its research and other sources, NIDA develops public education programs using appropriate media to reach special target audiences.

In its current media program, NIDA uses survey data, focus groups, and other mechanisms to learn about the target audience and develop messages specifically designed for it. For example, NIDA's "Just Say No" Campaign, conducted under the auspices of the Advertising Council, combined the best information from prevention research with knowledge gained in attitude surveys and focus group testing to develop and anti-drug message targeted to parents and early teens. The slogan, "Just Say No," which has gained recognition and acceptance as *the* primary drug abuse prevention message, has struck a balance between the threat of drugs, the strength and knowledge to resist peer pressure, and positive self-image and control as rewards for taking this action.

In the second phase of the campaign, NIDA targeted the program to minority inner-city youth and their parents. Again, with television, radio, posters and print ads, NIDA communicated the "Just Say No" message. This time, NIDA combined the parents' and teens' slogan with "Help Your Kids Just Say No." Highlight-

ing the second phase is a 3½ minute music video that promotes the peer resistance theme in music and dance. It is being used as a film in classrooms and community settings, as well as broadcast on cable television.

Marketing of the campaign has involved more than 500 groups and has resulted in extensive use of the slogan and materials in local campaigns throughout the country. With NIDA's assistance, the National Broadcasting Company (NBC) will carry the "Just Say No" slogan in its campaign this fall (1985).

NIDA's Cocaine Abuse Public Education Program follows the same general approach. It involves the release of research findings to the media, the development of communications approaches and messages, and an extensive marketing and promotion strategy designed to reach the appropriate target audiences. NIDA initiated its public education program on cocaine abuse last October, 1984, with the release of its first research monograph on cocaine in 7 years, *Cocaine—Pharmacology, Effects and Treatment of Abuse.*

The institute also has a plan for future intervention research which includes analyzing results from long term (through the high school years) effectiveness studies of social resistance and social skills programs in preventing alcohol and other drug abuse; assessing the effects of social inoculation and social skills programs specifically on low income and ethnic minority populations; assessing how these programs can best be adapted for general use within schools, taking into consideration the economic and other constraints that effect program implementation; developing preventive interventions appropriate for those young people whose use is related to other than social reasons and for those who are alienated from school and other traditional social institutions; and researching interventions for early childhood, especially for certain high-risk populations.

Drug Enforcement Administration

The Drug Enforcement Administration (DEA) is also involved in drug abuse education. John Lawn, Administrator for the agency, described two drug abuse education programs sponsored by DEA: the "Sports Drug Awareness" Program and the "Super Team" Program.

The goal of the "Sports Drug Awareness" Program is to prevent drug abuse among school age youth by using coaches to influence student athletes and student althletes to reach other students. Groups supporting the program include the Boy Scouts, the Girl Scouts, and the Jaycees. The non-school groups help to reach youth not in school. Key elements of the program include distributing to coaches materials on how to implement drug abuse education programs and sponsoring seminars and clinics for coaches given by players, sports officials, and high school coaches who have already implemented programs.

Mr. Lawn told the Select Committee that DEA initially intends to reach 48,000 coaches in 20,000 high schools who can reach 5.5 million student athletes. Through their influence, he anticipates an ultimate outreach of 57 million school age children.

The "Super Team" Program is a direct effect to reach the student body. DEA and the National Football League Players Associa-

tion are working to develop a positive athletic peer group to serve as role models for the entire student body. The high school athletes work with professional athletes, school administrators, coaches, and parents to contract on personal goals in three areas—academic achievement, athletics and social responsibility. The professional athletes go through a training program before taking part in retreats with the students. Cheerleaders also take part in the training program. They conduct anti-drug cheers at games halftimes.

To reach students not in school, DEA has announced the "Team Up" Program. The broadcast industry will send public service announcements featuring celebrities speaking out against drug abuse.

Department of Education

The major efforts of the Department of Education (DOE) are directed through the Alcohol and Drug Education Program. The program, through five regional training centers, maintains a national network for training, dissemination, and technical assistance. The regional centers also sponsor conferences to bring together personnel from State agencies, local schools and communities concerned with drug prevention. Approximately 600 local and State agencies are part of the network.

A specific program sponsored by the regional centers is the "School Team Approach." The centers train team members from a local school. They, in turn, are expected to train faculty and administrators from other schools in their system to develop and implement ways to prevent drug and alcohol abuse. The school teams are also encouraged to involve parents and parent groups.

The Department is also developing an approach that focuses on the District Superintendent and Principal. The former is responsible for providing leadership for all drug and alcohol abuse activities in the district; the latter holds a similar position within the school.

The Department of Education does not develop drug abuse education materials or curricula. Rather, they make available a list of selected materials through the National Clearinghouse for Drug Abuse Information and the National Institute on Drug Abuse.

ASSESSMENT OF FEDERAL ROLE

In response to the problem of drugs and dropouts, Federal initiatives are inadequate. In his testimony, Assistant Education Secretary Davenport reported that the 1985 budget for the Department's drug and alcohol abuse program is $3 million out of the $15.7 billion Federal education budget. He emphasized that the training provided by the Department through the Regional Centers is voluntary. That is the schools decide and make an application to the regional center.

The testimony from State and local witnesses presented a very different picture of what was needed from the Federal Government. The primary area of need identified was funding. Witnesses from Chicago, New England, and New York asserted that Federal cutbacks had negatively impacted State and local programming and that current levels of service were not sufficient.

Moreover, the "denial syndrome" described by witnesses indicates that voluntary participation in Federal programs, such as those sponsored by the Department of Education may not be an effective approach to drug prevention and education. If a school district or State is not interested in training, then there is no Federal presence in that district in the area of drug education and prevention. Federal drug education support is, thus, not based on community need, but community interest. The question is whether this policy is sufficient at a time when communities may not wish to deal with a serious national problem and when their failure to do so affects other communities and the nation as a whole.

The Federal programs described also emphasize information. NIDA sponsors research and disseminates information. DEA and the Department of Education disseminate information. If SCNAC witnesses and the academicians are correct, then providing information will influence some students but not others. For others, a more complex, intensive, and direct approach to drug prevention is necessary and it is many of these programs that have been affected by Federal cutbacks.

SUMMARY

In short, Federal agencies are involved in drug prevention and education, but their efforts are insufficient with respect to content and because of their reliance on voluntarism. Moreover, Federal funding is inadequate; State and local programs are not receiving the support they require to meet program needs.

V. Recommendations

The Select Committee's investigative efforts leave little doubt that the correlation between drugs and dropping out has serious national implications. State and local efforts are not enough. Moreover, two facts regarding current federal efforts are also evident. First, the Federal Government has abrogated its leadership responsibility. Second, it is not doing its fair share in support of drug abuse education.

In response, the Select Committee on Narcotics Abuse and Control proposes several recommendations. They touch on three broad areas: resource support, research and programming. The Committee recommends that:

1. A grants programs be created to increase the availability of drug education programs for youths out of school as well as in school. The programs might be sponsored not only by the schools, but by community organizations such as the Boy Scouts, Girl Scouts, or Jaycees. Some of these monies should be directed to meet the needs of high risk populations including minority youth and pregnant teenagers.

2. Present efforts by the Department of Education to provide drug education training for school officials should be expanded. Rather than voluntary, the program should be viewed as an essential component of the Federal education role. School districts across the country should be made aware of the need for drug abuse training and the existence of the Department's regional training centers. Incentives should be developed to promote participation. In

particular, the DOE should determine which States and school districts in the country do not provide drug abuse education and promote their participation. Additional monies to support these efforts should be provided in a supplemental appropriation for the DOE as well as in its fiscal 1987 budget.

4. Rather than simply functioning as a clearinghouse for existing materials, the DOE should engage in curriculum planning in the area of drug abuse education. Moreover, it should see to it that information available from the NIDA is developed into materials that can be read by children in all grades and at all levels of literacy.

5. An annual "Drug Education" Week should be promoted by the Department of Education and NIDA. If held in the fall, it might "kick-off" the academic year and programs in school districts across the country that would take place throughout the academic year.

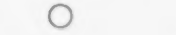
6. In the course of its studies on dropouts, the DOE should delve into the complex relationship between drugs and dropping out.

7. The NIDA in its research on drug abuse should also be urged to address the relationship between drugs and dropping out.

8. Joint efforts between NIDA and DOE are encouraged. NIDA in conjunction with DOE should continue to examine the issue of how best to provide different types of drug education to meet the needs of different types of students.

9. The Office of Juvenile Justice and Delinquency Prevention should consider the problem of gangs and gang violence in relation to drug abuse both in its research and programmatic endeavors.

10. The Department of Health and Human Services should focus attention on the problem of drug abuse among pregnant teenagers.



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